



**COLORADO**  
Department of Revenue  
Enforcement Division - Marijuana

# Marijuana Pre-Suitability Application

**Marijuana Enforcement Division**

# Colorado Marijuana Enforcement Division

## Pre-suitability Application Instructions

### ***APPLICATION CHECKLIST***

#### ☐ **1 Application Types**

Non-Resident Associated Key: Any stockholder holding an interest in a marijuana license, or any officer or director, who also acts as a Key executive, employee or agent for a licensed Medical or Retail Business.

#### ☐ **2 Application Completed & Signed—Applicable documents must be notarized prior to submission to the MED**

Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. Sign and date the application. **Attach a copy of your State issued ID or driver's license.**

**Notice:** You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement stating you do not have a social security number.

#### ☐ **3 Application Submittal**

Bring in application or mail with all attachments and requisite fees to:

Marijuana Enforcement Division  
1707 Cole Blvd., Suite 300  
Lakewood, CO 80401

**NOTE: Incomplete applications WILL NOT be processed. Applicants must collect the incomplete application and fees (including those mailed in or delivered via courier), from the Lakewood office prior to the end of the next business day.**

#### ☐ **4 Application Fees**

**All applications and documentation submitted must be single-sided on 8.5x11 inch paper.**

See fee table on website: [www.colorado.gov/revenue/med](http://www.colorado.gov/revenue/med). Make check or money order payable to: Colorado Department of Revenue (DOR). Checks will only be accepted in the name of the applicant, owner(s) or business entity which has an ownership interest in the applicant or licensee.

Marijuana License Number (Leave Blank)

## Pre-Suitability Application Form

☐ Non-Resident Associated Key

Applicant's Last Name (Please Print)			First Name (Please Print)			Full Middle Name		
Maiden/Married Names Used (Full Name) (Attach separate sheet if necessary)					Nicknames, Aliases, Etc. Used (Full Name) (Attach separate sheet if necessary)			
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race	Date of Birth	Social Security Number			Other Social Security Numbers Used <input type="checkbox"/> Yes (If yes attach details) <input type="checkbox"/> No		
Place of Birth: City		State	Country			Drivers License Number and State+		
Physical Appearance ➡	Height	Weight	Hair Color	Eye Color	Scars/Tattoos <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain on a separate sheet	
CO Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Residency							
<b>Physical Address</b>								
Address			City		County		State	ZIP
Length of time at this Address: Year(s)      Month(s)		Home Phone Number (    )		Cell Phone Number (    )		Email Address		
<b>Mailing Address (if different from Physical Address)</b>								
Address			City		State		ZIP	
List all addresses where you have lived during the last 10 years, not including present address, (attach separate sheet if necessary)								
Street and Number			City/State/ZIP			From		To
Name of licensed Marijuana business associated with				Work Phone Number (    )		Job Title		
Name of employer				Work Phone Number (    )		Occupation or Job Title		
Do you currently possess a Colorado Marijuana license or are you an associated person in any other type of Colorado Marijuana license?								<input type="checkbox"/> Yes <input type="checkbox"/> No
*If "Yes", indicate license type and number here:								
Have you ever applied before for a Marijuana license in this or any other jurisdiction, domestic or foreign, whether or not the license was ever issued? (Not including a medical marijuana patient card)								<input type="checkbox"/> Yes <input type="checkbox"/> No
*If "Yes", explain here:								
Have you ever been denied a Marijuana license, withdrawn a Marijuana license application or had any disciplinary action taken against any Marijuana license that you have held, either individually or as part of an ownership group, in this or any other jurisdiction?								<input type="checkbox"/> Yes <input type="checkbox"/> No
*If "Yes", explain here:								
Applicant's Signature						Date		

Applicant's Last Name (Please Print)	First Name (Please Print)	Full Middle Name
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**NOTICE:** The Pre-Suitability Application Form is an official document. If you provide false information on this application and/or do not disclose all information the application asks, your application is subject to denial, and you may be subject to criminal prosecution. The Marijuana Enforcement Division will conduct a complete background investigation and will check all sources of information.

1.	Have you discharged a sentence for a conviction of a felony pursuant to any state or federal law regarding the possession, distribution, manufacturing, cultivation, or use of a controlled substance, including probation or parole, within the past 10 years, even if the conviction occurred more than 10 years ago?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you served a sentence, including probation or parole, within the past 5 years upon conviction for ANY felony, even if the conviction occurred more than 5 years ago?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you failed to remedy an outstanding delinquency for any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Medical or Retail Marijuana Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are you a licensed Physician making marijuana patient recommendations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you had your authority to act as a primary caregiver revoked by the State Health Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you under 21 years of age at the time of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you the spouse or child living in the household of any person employed by the Colorado Marijuana Enforcement Division?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you an officer, reserve police officer, agent, or employee of any law enforcement agency in the State of Colorado?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**STOP!** If you answered YES to any of the above questions, by Colorado law you cannot obtain or hold a Colorado Marijuana license.

I have thoroughly read and understand the questions above, and understand that I cannot hold a Colorado Marijuana license if I answered "Yes" to any of the questions above.	
Applicant's Signature	Date

Applicant's Last Name (Please Print)		First Name (Please Print)		Full Middle Name	
<b>Education</b>					
High School Name			Location		
Major	Dates Attended From		To	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Vo-Tech Name (Submit diploma copy)			Location		
Major	Dates Attended From		To	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Degree Earned	
Other College/School Name (Submit diploma copy)			Location		
Major	Dates Attended From		To	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Degree Earned	
Other College/School Name (Submit diploma copy)			Location		
Major	Dates Attended From		To	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Degree Earned	
<b>Criminal History</b>					
1. In the last 10 years have you been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution, manufacturing, cultivation or use of a controlled substance? (Sealed or expunged arrests need not be disclosed).				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. In the last 10 years have you been arrested, served with a criminal summons, charged with, or convicted of ANY crime or offense in any manner in this or any other country? <ul style="list-style-type: none"> <li>You must include ALL arrests, charges, and convictions in the last 10 years, (but not prior to the age of 18) regardless of the outcome, even if the charges were dismissed or you were found not guilty.</li> <li>You must include ALL arrests, charges, and convictions regardless of the class of crime (felonies, misdemeanors, and/or petty offenses).</li> <li>You must include ALL serious traffic offenses, including DUI; DWAI; reckless driving; leaving the scene of an accident (hit and run); driving under denial, suspension or revocation; or any other offense which resulted in your being taken into custody.</li> <li><b>NOTICE:</b> Do not rely upon your understanding that an arrest or charge is "not supposed to be on your record." A criminal record was not cleared, erased, sealed or expunged unless you were given, and have in your possession, a written order from a judge directing that action. If yes, give details below. List all cases without exception, including bankruptcies:</li> </ul>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
*If you answered YES, explain in detail on a separate sheet and attach it to your application. For each offense for which you were arrested or charged, YOU MUST OBTAIN OFFICIAL DOCUMENTATION FROM THE COURT WHERE YOU APPEARED, SHOWING THE FINAL DISPOSITION (OUTCOME) OF YOUR CASE. This information will include whether you were found guilty or not guilty; and the penalty (money fine, time in jail or prison, or probation or deferred sentence). If you received a deferred judgment, a deferred sentence, or probation, your documentation must include the date that you were discharged or released from probation or other supervision.					
3. Have you ever received a pardon or its equivalent for any criminal offense in this or any other country?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you, as an individual, as a member of a partnership or other form of domestic or foreign business entity, or as owner, director, or officer of a corporation, ever been a party to a lawsuit (other than divorces), either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
*If you answered YES to any of the preceding questions, explain in detail on a separate sheet and attach it to your application.					

Applicant's Initials \_\_\_\_\_

Applicant's Last Name (Please Print)	First Name	Full Middle Name
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## Arrest Disclosure Form

In the last 10 years have you been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution, manufacturing, cultivation or use of a controlled substance, you must disclose this information to the Marijuana Enforcement Division. If you have been arrested in the past 10 years, given a summons, or been convicted of ANY offense, you must disclose this information to the Marijuana Enforcement Division. (Sealed or expunged non-convictions need not be disclosed).

Any person licensed by the Marijuana Enforcement Division, must make written notification to the Division's office of any felony criminal conviction and/or criminal charge pending against such person within 10 days of such arrest, summons, or conviction. This includes:

- Being taken into custody for any offense, including traffic offenses
- Being issued a summons or citation for any offense except for minor traffic offenses
- Failing to comply with your sentencing requirements
- Failing to appear for a court proceeding and having a bench warrant issued
- Having your driver's license suspended or revoked
- Being alleged to have driven under the influence or impairment of intoxicating liquor or drugs

Failure to disclose an arrest or citation may result in disciplinary action, up to and including the denial of your license application.

### Please List Each Offense Separately

<b>1</b>	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		
<b>2</b>	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		
Signature		Date

Applicant's Last Name (Please Print)	First Name	Full Middle Name
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Arrest Disclosure Form

(Continued)

Please List Each Offense Separately

3	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		
4	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (except for minor traffic offense).		
Signature		Date

Applicant's Last Name (Please Print)	First Name	Full Middle Name
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### Employment and Business Association History

Beginning with your current employment, list all jobs you have held in the past 10 years, but not prior to age 18. Also, list all businesses with which you have been associated, including all corporations, partnerships or any other business ventures with which you have been associated, including as an officer, director, stockholder, partner, limited partner, member, or in any other related capacity.

Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
	Address (include ZIP code)			Supervisor's Name
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
	Address (include ZIP code)			Supervisor's Name
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
	Address (include ZIP code)			Supervisor's Name
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
	Address (include ZIP code)			Supervisor's Name
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
	Address (include ZIP code)			Supervisor's Name
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
	Address (include ZIP code)			Supervisor's Name

### Character References

List three character references who have known you five or more years. Do not include relatives, present employer, or employees.

<b>1</b>	Last Name		First Name		Middle Name	Residence Phone ( )
	Years Known	Address		City	State	ZIP
	Employer					Business Phone ( )
	Address			City	State	ZIP
<b>2</b>	Last Name		First Name		Middle Name	Residence Phone ( )
	Years Known	Address		City	State	ZIP
	Employer					Business Phone ( )
	Address			City	State	ZIP
<b>3</b>	Last Name		First Name		Middle Name	Residence Phone ( )
	Years Known	Address		City	State	ZIP
	Employer					Business Phone ( )
	Address			City	State	ZIP

Applicant's Initials \_\_\_\_\_



Applicant's Last Name (Please Print)	First Name	Full Middle Name
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**Financial History**

1. Are you as an individual, principal of any form of business entity, or as an owner, officer or director of a corporation, delinquent in the payment of any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Medical or Retail Marijuana Business?

☐ Yes   ☐ No
2. Check any of the following privileged or professional licenses you have held individually or as part of an ownership group in this state or any other domestic or foreign jurisdiction:

☐ Yes   ☐ No

☐ Liquor

☐ Real Estate Broker/Sales

☐ Accountant

☐ Auto Industry

☐ Lawyer

☐ Physician

☐ Insurance

☐ Securities Dealer

☐ Racing

☐ Lottery

☐ Other: \_\_\_\_\_
3. Have you or any business entity owned by you, ever owned a Marijuana license in this or any other jurisdiction, foreign or domestic, that was subject to any of the following actions: (1) denial; (2) surrender; (3) assurance of voluntary compliance; (4) order to show cause; (5) suspension; (6) fine; (7) revocation; (8) stipulation or settlement; (9) withdrawn; (10) other penalties or sanctions. If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action.

☐ Yes   ☐ No
4. Do you now own, have ever owned, or otherwise derive a benefit from assets held outside the United States, whether held in your own name or another name, on your behalf or for another person or entity, or through other individuals or business entities, or in trust, or in any other fashion or status?

☐ Yes   ☐ No
5. Are you currently a party, or ever been a party, in any capacity, to any trust instrument?

☐ Yes   ☐ No
6. Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign antitrust, trade or security law or regulation ever been filed or entered against you or a business entity of which you were a principal or against a corporation for which you were an owner, officer or director.

☐ Yes   ☐ No

\*If you answered YES to any of the questions above or checked any boxes above, give details on separate sheet, including license number and dates license held for licenses marked on question 2. Include any items currently under formal dispute or legal appeal. Attach any documents to prove your settlement on any of these issues.

**\*\*Please be sure to complete the Statement of Financial Condition attached at the end of the application.**

Applicant's Initials \_\_\_\_\_

Applicant's Last Name (Please Print)	First Name	Full Middle Name
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## Personal Financial

### 1. Annual Income

Salary (Source):	\$
Salary (Source):	\$
Interest (Source):	\$
Interest (Source):	\$
Dividends (Source):	\$
Dividends (Source):	\$
Other (Source):	\$
Other (Source):	\$
Total	\$

Please submit all executed agreements or documents that grant you any right to any percent of ownership or percent of income from the Colorado Marijuana business with which you are associated.

2. Amount to be invested or loaned in business:	\$
3. Percentage of ownership this amount represents:	%
4. Investment will be derived from the following sources:	
5. Has your interest in this Marijuana establishment been assigned, pledged or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold, either in part or whole? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, explain:	

Applicant's Initials \_\_\_\_\_



## Affidavit - Restrictions On Public Benefits

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- ☐ I am a United States citizen.
- ☐ I am not a United States citizen but I am a Permanent Resident of the United States.
- ☐ I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- ☐ I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date (MM/DD/YY)

## Affirmation & Consent

I, \_\_\_\_\_, state under Penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Pre-Suitability Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Marijuana license by the State Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of the Marijuana application. I am voluntarily submitting this application to the Colorado Marijuana Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114 C.R.S. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado Marijuana license, and for 90 days following the expiration or surrender of such Marijuana license. Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

**Print Full Legal Name of Owner/Principal clearly below:**

Last Name of Applicant (Please Print)	First Name of Applicant	Middle Name of Applicant
Applicant's Signature		Date

State of \_\_\_\_\_, County of \_\_\_\_\_ Subscribed and sworn to (or affirmed)

before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_,

(City)

\_\_\_\_\_, by \_\_\_\_\_

(State) (Applicant's Printed Name)

Notary Seal

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires

**Confidential Document:** This document is the property of the Colorado Marijuana State Licensing Authority and the Colorado Marijuana Enforcement Division, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority.

## Investigation Authorization/Authorization to Release Information

I, \_\_\_\_\_, hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigatory Agencies a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, unless sealed or expunged by the court of record, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

**Print Full Legal Name of Owner/Principal clearly below:**

Last Name of Applicant (Please Print)		First Name of Applicant		Middle Name of Applicant	
Applicant's Signature					Date
State of _____, County of _____ Subscribed and sworn to (or affirmed)  before me this _____ day of _____, 20 _____, in _____, <div style="text-align: right;"><i>(City)</i></div> _____, by _____ <div style="display: flex; justify-content: space-between;"><i>(State)</i><i>(Applicant's Printed Name)</i></div>				Notary Seal	
Signature of Notary Public					
Printed Name of Notary Public					
My Commission Expires					

**Confidential Document:** This document is the property of the Colorado Marijuana State Licensing Authority and the Colorado Marijuana Enforcement Division, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority.

## Tax Check Authorization and Request To Release Information

I \_\_\_\_\_ am signing this waiver on behalf of \_\_\_\_\_ (the "Applicant/Licensee") to permit the Internal Revenue Service (IRS), the Colorado Department of Revenue, and any other state or local taxing authority to release information and documents that would otherwise be confidential. If I am signing this waiver for someone other than myself, I certify that I have the authority to execute this waiver on behalf of the Applicant/Licensee.

The information and documentation obtained pursuant to this waiver will be used in connection with the Applicant/Licensee's application or licensure with the Colorado Marijuana Enforcement Division, which requires proof of compliance with certain tax obligations pursuant to several statutory provisions, including sections 12-43.3-202(1), 12-43.3-307(1)(g), 12-43.4-202, and 12-43.4-306(f), C.R.S. This waiver is made pursuant to 26 U.S.C. § 6103(c); section 39-21-113(4), C.R.S.; and any other similar law or ordinance concerning the confidentiality of tax returns and return information. This waiver shall be valid while the application is pending and, if the application is approved, (1) for one year from the date of licensure or; (2) if applying for an occupational license under the medical marijuana code, for two years from the date of licensure. If the license is administratively continued pursuant to sections 12-43.3-311 or 12-43.4-310, C.R.S., this waiver shall be valid until the state licensing authority takes final action to approve or deny the renewal of the license. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license.

Applicant/Licensee requests that the IRS, the Colorado Department of Revenue, and any other state or local taxing authority release the following information and supporting documentation to the Colorado Marijuana Enforcement Division, which is acting as Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to obtain the information specified below.

1. Whether the Applicant/Licensee has failed to file a Federal income tax return by the required due date (determined with regard to any extension(s) of time for filing) for any tax year for which filing of a return might have been required.
2. Whether the Applicant/Licensee has failed to pay any tax, penalty, or interest liability within 30 days of the date on which the IRS gave notice of the amount due and requested payment.
3. Whether the Applicant/Licensee has entered into an Offer and Compromise or payment plan with the IRS and whether Applicant/Licensee is current on any payments required by said Offer and Compromise or payment plan.
4. Whether the Applicant/Licensee has failed to file any state or local tax return with the Colorado Department of Revenue or any other state or local taxing authority by the required due date (determined with regard to any extension(s) of time for filing) for any tax year for which filing of a return might have been required.
5. Whether the Applicant/Licensee has failed to pay any tax, penalty, or interest liability within 30 days of the date on which the Colorado Department of Revenue or any other state or local taxing authority gave notice of the amount due and requested payment.
6. Whether the Applicant/Licensee has entered into a payment plan with the Colorado Department of Revenue or any other state or local taxing authority and whether Applicant/Licensee is current on any payments required by said payment plan.

*Continued on next page*

Applicant/Licensee authorizes the IRS, the Colorado Department of Revenue, and any other state or local taxing authority to release any additional information or documentation necessary to answer the questions above. Applicant/Licensee authorizes the Colorado Marijuana Enforcement Division and its legal representatives to use the information and documentation obtained from the IRS, the Colorado Department of Revenue, and any other state or local taxing authority in any administrative action regarding the application or license. To assist the IRS, the Colorado Department of Revenue, and any other state or local taxing authority locate the tax records, Applicant/Licensee is voluntarily providing the following information (please type or print).

Applicant's Name (Individual/Business)	Social Security Number/Tax Identification Number		
Street Address	City	State	Zip Code
Home Telephone Number	Business/Work Telephone Number		

**If you are/were married and filed joint tax returns, your spouse must provide the following.**

Spouse's Name	Social Security Number/Tax Identification Number
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*(All signatures must be notarized)*

Legal Last Name (Please Print)	Legal First Name	Full Middle Name
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Applicant's Signature

State of \_\_\_\_\_, County of \_\_\_\_\_ Subscribed and sworn to (or affirmed)  
 before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, in \_\_\_\_\_,  
(City)  
 \_\_\_\_\_, by \_\_\_\_\_  
(State) (Applicant's Printed Name)

Notary Seal

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires

Spouse's Last Name (Please Print)	Spouse's First Name	Full Middle Name
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Spouse's Signature

State of \_\_\_\_\_, County of \_\_\_\_\_ Subscribed and sworn to (or affirmed)  
 before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, in \_\_\_\_\_,  
(City)  
 \_\_\_\_\_, by \_\_\_\_\_  
(State) (Spouse's Printed Name)

Notary Seal

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires

Signature of Marijuana Enforcement Division agent presenting this request	Date
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**Privacy Act Statement**

Requesting your Social Security Number is voluntary and no right, benefit, or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).

# Applicant's Request to Release Information

*(All signatures must be notarized)*

TO:	FROM: (Applicant's Printed Name)
<ol style="list-style-type: none"> <li>1. I/We hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the Marijuana Enforcement Division whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.</li> <li>2. I/We hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Marijuana Enforcement Division to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.</li> <li>3. I/We hereby authorize and request the Colorado Department of Revenue to permit a duly appointed agent of the Marijuana Enforcement Division to obtain, receive, review, copy, discuss and use any such tax information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.</li> <li>4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I/we hereby authorize and request that a duly appointed agent of the Marijuana Enforcement Division be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including but not limited to past loan information, notes co-signed by me/ us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.</li> <li>5. I/We do hereby make, constitute, and appoint any duly appointed agent of the Colorado Marijuana Enforcement Division, my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our use and benefit:             <ol style="list-style-type: none"> <li>(a) To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I/we might;</li> <li>(b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request:</li> <li>(c) To place the name of the agent presenting this request in the appropriate location on this request.</li> </ol> </li> <li>6. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I/we might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.</li> <li>7. This power of attorney ends twenty-four (24) months from the date of execution.</li> <li>8. The above named applicant has filed with the Colorado Marijuana Licensing Authority an application for a Marijuana license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant. Said applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action of financial loss, which may result from action with respect to this application.</li> <li>9. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request.</li> <li>10. I/We agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.</li> <li>11. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.</li> </ol>	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex: 1;"> <p><i>Continued on next page</i></p> </div> <div style="border: 1px solid black; width: 150px; height: 30px; display: flex; align-items: center; justify-content: center;"> Applicant's Initials </div> </div>	



# Applicant's Request to Release Information

*(All signatures must be notarized)*

Signature		
State of _____, County of _____ Subscribed and sworn to (or affirmed)  before me this _____ day of _____, 20 ____, in _____, <div style="text-align: right; font-size: small;">(City)</div> _____, by _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>(State)</span> <span>(Applicant's Printed Name)</span> </div>	Notary Seal	
Signature of Notary Public		
Printed Name of Notary Public		
My Commission Expires		
Spouse's Last Name (Please Print)	Spouse's First Name	Full Middle Name
Spouse's Signature		
State of _____, County of _____ Subscribed and sworn to (or affirmed)  before me this _____ day of _____, 20 ____, in _____, <div style="text-align: right; font-size: small;">(City)</div> _____, by _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>(State)</span> <span>(Spouse's Printed Name)</span> </div>	Notary Seal	
Signature of Notary Public		
Printed Name of Notary Public		
My Commission Expires		
<b>Confidential Document:</b> This document is the property of the Colorado Marijuana State Licensing Authority and the Colorado Marijuana Enforcement Division, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority.		

*Continued from previous page*

## MED Statement of Financial Condition

**Instructions: Complete all sections and use N/A if not applicable**

This Statement Is For (Check One)			
<input type="checkbox"/> PEI	<input type="checkbox"/> Financial Declaration	<input type="checkbox"/> Pre-Suitability	<input type="checkbox"/> Associated Key
<b>This Section is to be Completed by All Applicants</b>			
Individual's Last Name (Print legibly)		Individual's First Name (Print legibly)	Full Middle Name
<b>(If additional space is required, submit information on a separate sheet of paper).</b>			
Assets	In Dollars (Omit Cents)	Liabilities	In Dollars (Omit Cents)
Cash in Following Banks (For each account, provide 12 months of bank statements) Bank Name:		Real Estate Mortgages (See Schedule E)	
Bank Name:		Automobile Loans (See Schedule F)	
Bank Name:		Credit Card Payable (See Schedule G)	
Marketable Securities (See Schedule A, Submit Statement)		Other Notes Payable (See Schedule H)	
Non-Marketable Securities (See Schedule B, Submit Statement)		Income Taxes Due	
Notes Receivable (See Schedule C)		Other Unpaid Taxes	
Accounts Receivable (See Schedule D)		Other Debts (Itemize)	
Real Estate (See Schedule E, Submit Proof of Ownership)			
Motor Vehicles (See Schedule F, submit title or registration as verification)			
Other Assets (Itemize. Do NOT include furniture, appliances, jewelry or collectibles – guns, coins, etc.)			
		<b>Total Liabilities</b>	
<b>Total Assets</b>		<b>Total Assets–Total Liabilities = Total Net Worth</b>	

Do you have any of the following?

1. Contingent liabilities as endorser, comaker or guarantor on any leases or contracts? <input type="checkbox"/> Yes* <input type="checkbox"/> No	3. Contested income or other tax liens? <input type="checkbox"/> Yes* <input type="checkbox"/> No
2. Contingent liabilities in pending legal actions? <input type="checkbox"/> Yes* <input type="checkbox"/> No	4. Outstanding judgments or non-tax liens? <input type="checkbox"/> Yes* <input type="checkbox"/> No
5. Other special debts or circumstances? <input type="checkbox"/> Yes* <input type="checkbox"/> No	

**\*If yes to any of the above, please indicate the amount of the liability and explain on a separate sheet of paper.**

Do you have a line of credit? ☐ Yes ☐ No

**If yes, indicate amount \_\_\_\_\_ and attach a verification letter from the lending institution.**

The undersigned acknowledges and understands that the Marijuana Enforcement Division is relying on the information provided herein in deciding whether to grant or deny a license. The undersigned certifies that the information provided herein is true, correct and complete. The undersigned authorizes the Division and its agents to make all inquiries deemed necessary, including credit bureau inquiries, to verify the accuracy of this information and determine the financial fitness of the applicant.

Signature	Title	Date
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Schedule A – U.S. Government & Marketable Securities (Submit Verification)				
Number of Shares or Face Value of Bonds	Description	In Name of	Registered, Pledged or Held by Others?	Market Value

Schedule B – Nonmarketable Securities (Submit Verification)			
Number of Shares	Description	In Name of	Market Value**

Schedule C – Notes Receivable				
Name and Address (Street and City) From Whom Due	Explanation	Dated	Maturity	Amount

Schedule D – Accounts Receivable				
Name and Address (Street and City) From Whom Due	Explanation	When Sold	When Due	Amount

Schedule E – Real Estate (Submit Proof of Ownership for Each Property Listed)							
Complete Address & County	Title in Name of	Cost	Date Acquired	Amount Owed	Monthly Payments	Monthly Income	Market Value
Totals							

Schedule F – Motor Vehicles (Submit Copy of Title or Registration for Every Vehicle Listed)							
Description	Year Mfg'd.	Year Purch.	Purchase Price	Amount Owed	Monthly Payment Amount	Current Wholesale Value	
Totals							

Schedule G – Credit Card Payable	
Company	Current Balance

Schedule H – Bank and Other Institutional Relationships							
Name and Address of Creditor	Original Loan/Line Amount	Date of Loan	Maturity Date	Secured?***	Monthly Payments	Amount Owed	

\*\*\*If yes, list collateral in an attachment.



**COLORADO**  
**Department of Revenue**  
Enforcement Division - Marijuana

John W. Hickenlooper  
Governor

Barbara J. Brohl  
Executive Director

Dear Applicant:

Thank you for your pre-suitability application to become a part of a licensed business in the Marijuana industry. Before you submit your application, we want to make you aware of a few facts.

The Marijuana industry in Colorado is one of the most scrutinized businesses in the state, because Colorado citizens want the industry and everyone involved in it free from even the hint of any corruption or deceit. That's why we take our regulation of the industry very seriously, including the issuance of licenses.

During the pre-suitability process, we will conduct a thorough check of your background. If you pass our qualifications, you will be found suitable to apply as an Associated Key, to be an owner in the Marijuana Industry. You should know that a Marijuana license is a privilege, not a right. One thing you must do to obtain this privilege is be completely honest on your license application. The burden of proving qualifications for licensure, rests at all times with the applicant.

In particular, we ask you on page 3 of the application: "In the past 10 years, but not prior to age 18 have you been arrested, served with a criminal summons, charged with, or convicted of ANY crime or offense in any manner in this or any other country?" The application goes on to tell you to explain ALL such arrests or charges no matter the final outcome.

Did you list ALL arrests and charges in the past 10 years? Are you clear about what you need to disclose? If not, then ask someone at the front desk to assist you and answer any questions you might have. Here are some of the excuses we have heard from people who have failed to disclose arrests to us:

- My attorney told me I didn't have to disclose.
- I didn't think I was arrested, because I only got a ticket.
- I didn't think the arrest had anything to do with Marijuana.
- I didn't think that was still on my record.

If you have a conviction that resulted in your record being sealed or expunged, you must include the order from the judge. You have been informed throughout the application to disclose ALL arrests. And you have just been informed again: You will not necessarily be denied a finding of suitability if you have ever been arrested, but you may be denied if you fail to disclose any arrest (unless it was sealed or expunged).

I have read and understand this letter.

Signed \_\_\_\_\_ Date \_\_\_\_\_



## Verification of Fingerprints

**This form is to be completed by representative taking the applicant's fingerprints.**

**Please print or type all information other than signature.**

Reason for Fingerprinting:

- |   |  |
|---|--|
| <input type="checkbox"/> New Associate Key License          | <input type="checkbox"/> Financial Declaration |
| <input type="checkbox"/> Associate Key License Renewal      | <input type="checkbox"/> Transporter License   |
| <input type="checkbox"/> Permitted Economic Interest        | <input type="checkbox"/> Operator License      |
| <input type="checkbox"/> Indirect Beneficial Interest Owner | <input type="checkbox"/> Pre-suitability       |

Name of Applicant	MED License Number (If Applicable)
Name of Representative Taking Fingerprints	Title
Name of Agency Taking Fingerprints	ORI # (If applicable)

Applicant's Identity Verified By:

- ☐ Driver's License      ☐ State ID Card      ☐ Passport

Document #	
Signature of Representative Taking Fingerprints	Date

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